

Adolescent Health and Cultural Practices Amongst Hill Kharia Girls on Puberty – A Study in Mayurbhanj District, Odisha

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Abstract: Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity (WHO, 1948). Adolescence is the phase of life between childhood and adulthood from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health. There are 253 million adolescents in the age group 10-19 years in India (2011 Census). This age group comprises of individuals in a transient phase of life requiring nutrition, education, counselling and guidance to ensure their development into healthy adults. Government of India has recognised the importance of influencing health seeking behaviour of adolescents. Adolescent Health encompasses changing transitions within multiple domains including the physical, social, emotional, cognitive and intellectual. Hill Kharia, locally known as pahari Kharia is a highland tribal group. They are a semi-nomadic group and Particularly Vulnerable Tribal Group. This tribe, which recorded a population of 1, 44,178 in Odisha as per the 1981 census is found in large concentrations in the two districts of the state namely Sundargarh and Mayurbhanj. There are various health problems of hill Kharia girls in study area, basically Reproductive Health, Nutritional problem diseases, blind belief practices etc. The Researcher did her Research in Jashipur block, Mayurbhanj. The Researcher selected 3 villages out of 5 villages and 30 houses randomly. The total population covered for this is constituent males and females. The Researcher did her Research work by applying different methods such as census and schedule method, observation method and interview method.

Keywords: Health, Adolescent Health, Hill Kharia Tribe, Problems of Girl Child in Study Area, Research Area, Sample size, Methodology.

Introduction

The World Health Organization (WHO) defines Adolescent Health as the health of people between the ages of 10 and 19. This is the period of life between childhood and Adulthood, when adolescents experience rapid physical, cognitive and psychosocial growth. India is home to 253 million adolescents, according to 2011 census and

47% of them are girls (116 million). This makes India home to the largest adolescent population in the world. According to 2011 census, 10.42 crores Indians were notified as Scheduled Tribes, which was 8.6% of the country's total Population. The sex ratio among Scheduled Tribes was 990 females per 1,000 males, which was an increase from 978 in 2001 census. Out of 116 million, 2 million (9%) of them belong to Scheduled Tribes living in underserved rural areas.

A Study found that Menstrual related problems were most prevalent in older tribal adolescent girls. Odisha counted 9,590,756 Scheduled tribes, ranking as the 3rd largest state in India in terms of its Scheduled Tribe Population, trailing behind Madhya Pradesh and Maharashtra (2011, Census). Odisha is the homeland of 62 different tribal communities including 13 PVTGS (Particularly Vulnerable Tribal Groups) numbering 95,90,756 (2011, Census).

In Odisha, the Hill Kharia are mainly found in Jashipur and Karanjia blocks of Mayurbhanj district. A few villages are also found in Morada block. Hill Kharia claim to be descendants of Viswvasu Sabara, the first person to worship Lord Jagannath in a hill cave. The Researcher get to know there is very little work on Adolescent Health of girls on Hill Kharia tribe that's why the Researcher having keen interest to work on it.

Particularly Vulnerable tribal groups have special health problems and genetic abnormalities like sickle cell anemia, G-6-PD Red cell enzyme deficiency and sexually transmitted diseases. Insanitary conditions, ignorance, lack of personal hygiene and health education are the main factors responsible for their ill health. Some Particularly Vulnerable Tribal groups (PVTGs) are facing extinction like Onges, Jarwas and Shompens of Andaman and Nicobar islands.

Odisha is the most picturesque state in central-eastern India, occupies a unique position in the tribal map of India having the largest number of Scheduled tribe Communities (62), unevenly distributed in forest and hilly areas including 13 Particularly Vulnerable Tribal groups with a population of over 8.15 million constituting 24.3 percent of the population of the state as per 2001 census. Odisha is one of the ten states in the country covered under the National Nutritional Monitoring Bureau (NNMB) According to the latest report of National Nutritional Monitoring Bureau (NNMB-2000-2001) Odisha continues to have second highest level of under nutrition among the ten states when compared with aggregate figures for chronic energy deficiency (BMI < 18.5) in adult men and women in these states, the level is higher in Odisha.

Tribes of Mayurbhanj district belonging to the state of Odisha are numerable and are generally referred to as "Adivasis", who represent nearly 57.67 per cent of the aggregate population of this region. Though they are scattered throughout the length and breadth of the district, they are mainly based in Thakurmunda, Bijatala, Tiring, Jamda and Khunta. The tribes of Mayurbhanj are Mahali, Saunti, Santal, Bhumij,

Bathudi, Munda, Gond, Kol, Mankirdia, Baiga, Lodha, Hill Kharia etc. The primitive tribes who are mentioned as indigenous residents of this Indian district include Lodhas, Mankirdias and Hill Kharias. The Mankirdias and Kharias are nomads who spend their time in hunting activities and also food gathering and they reside in the hilly tracts of Similipal hill ranges particularly in the sub-divisions of Panchpir, in the Jashipur block, concentrated in Morada and Suliapada blocks of the subdivision of Baripada. Lodha tribe is believed to be a criminal tribe who require socio-economic rehabilitation. Selling Firehood, manufacturing ropes, raising still cocoons and agricultural activities are amongst the chief occupations practiced by Lodhas.

Review of Literature

Sing et al (2006) in his study in urban slums of Lucknow, on 400 adolescent girls aged 10-19 years, the various morbid conditions he found that were inadequate oral hygiene (55.4 percent) pediculosis (39.2 percent), cold and cough (25.8 per cent), lymphadenopathy (22.2 per cent) scabies (16.2 percent), inflamed tonsils (7.8 per cent) and ear discharge (7 per cent) of girls. **Nath. A (2008)** in his study he found that adolescents account for almost one third of India's population. They are prone to suffer from reproductive and sexual health, nutritional, mental and behavioural problems. Health services which cater exclusively to the needs of adolescents are scanty and concentrated in urban areas. Adolescent friendly health services (AFHS) Which provides a broad range of preventive, promotive and curative services under one roof can help to ensure improved availability, accessibility and utilization of health services. AFHS is being initiated by Government, private and non NGOs. Lessons to improve the quality of AFHS could be further learnt from evaluation of pilot projects and success stories of similar initiatives in other countries. **Behra et Al (2008)** in his study conducted in tribal children of Odisha of age, up to 15 years, the different types of morbidities were fever (27.4 per cent), respiratory infections (35.4 per cent) goitre (14.4 per cent) and diarrhea (5 per cent), splenomegaly (44.1 per cent) as it is a tribal area, 14.4 per cent suffered from malaria were found. **Jain R.B (2013)** conducted a cross-sectional study and carried out in block Bari district, Jhajjar (Haryana). A sample of 320 adolescent students of 9th-12th classes (80 from each school) were selected from four randomly chosen large Government senior secondary schools with strength of more than 250 students (two girls and two boys). Percentage, proportions, chi square test with Yate's correction and t-test was applied. Out of 320, 212 (66.3 per cent) study adolescents were of at least one adolescent changes. Whereas when probed and further asked to enumerate the changes taking place in them, 272/320 (85 per cent) adolescents could narrate at least one such change out of those 272, 24 (8.82 per cent) adolescents either did not consider these changes as normal or they did not know whether the changes were normal or abnormal.

Objective of the Study

1. To study the standard living practices of the Hill kharia tribe of Mayurbhanj district.
2. To know about the adolescent health status of the Hill Kharia tribe of Mayurbhanj district.
3. To analyze the challenges faced by Adolescent girls in study Area..

Study Area and Methodology

The proposed study shall be conducted in Jashipur block, Mayurbhanj district in northern Odisha. Out of 5 villages the Researcher have selected 3 villages .From each Village 10 household was taken randomly. And from each Household one Adolescent girl was taken. The total no. of Respondents were 30 from three villages and the target age group of Adolescent Girls were 10-14 and 15-19 years. This study was used both quantitative and qualitative methods for data collection. Quantitative methods e.g. household census and survey, structured and unstructured schedules was used basically for collecting data; whereas qualitative methods e.g. Non-participant observations, interviews, Key informant interviews, FGDs, and case study was used to get rich details and contextually grounded data. Except primary data collection, the data also collected from secondary resources like, books, journals, and departmental publications, magazines and research articles. Case studies were used to collect rich data in order to test the objectives.

Area and People

District Profile

Mayurbhanj a district in the northern Odisha historically famous as the “land of the Maharajas”, is also known for its dominant tribal population, vibrant culture, the famous Similipal forest, Chhau dance, beautiful temples, stone, dhokra and tasar work and of course “Mudhi”, among other things. The district presents a panorama of many millennia in the human history. The district gets its name from the continuous reign of two ancient kingdoms for over a thousand years—the “Maurya” and “Bhanjas” until its merger with the state of Odisha on January 1, 1949.

Communication

The Communication is the major factor for development of human society. If the communication system is rich, then development of the state is very high. The road is well connected from to N.H.49 and there is on left diversion from Jashipur block and

15k.m far away from the Jashipur block and 120k.m from district headquarter from Baripada.

Demography

Demography means the study of population of a specific area which analyses data in statistical forms.

Table 2.1 Demography Structure of Hill Kharia Tribe

SL. No	Sex	Number	Percentage (%)
1	Male	133	52.36
2	Female	121	47.64
Grand Total		254	100

Table 1 represents the population structure of Hill Kharia tribe in the study area. The total population were 254 individuals which constitute of 133 (52.36 per cent) male and 121 (47.64 percent) are female. In the study area the male ratio is highest.

Table 2.2 Age Sex Structure Of Hill Kharia Tribe In The Study Area

Age Group	Male	Percentage (%)	Female	Percentage (%)	Total (Male+Female)	Percentage (%)
0-4	25	18.79	14	11.57	39	15.36
5-9	13	9.77	22	18.18	35	13.78
10-14	9	6.76	11	9.09	20	7.88
15-19	5	3.75	8	6.61	13	5.12
20-24	12	9.02	14	11.57	26	10.24
25-29	12	9.02	18	14.87	30	11.82
30-34	19	14.29	5	4.13	24	9.45
35-39	7	5.27	5	4.13	12	4.72
40-44	4	3.01	4	3.30	8	3.14
45-49	3	2.26	3	2.48	6	2.36
50-54	5	3.76	5	9.14	10	3.93
55-59	2	1.51	4	3.31	6	2.36
60 and above	17	12.79	8	6.62	25	9.84
Total	133	100	121	100	254	100

Table 2 shows there are 0-4 age group population is more and 45-49/55-59 age group population is least. Male population in 0-4 age group is more and female population in 5-9 age group is more.

Dress Pattern

Civilization and the modernization influence the people to accept the modern culture. The adult's Kharia male usually wear short and course hand loom Dhoti/Lungi and Ganji and Shirt. The boy wears full paint and shirt. Most of the youth wear the jeans-paint, T-Shirt and shoes by the influence of modern culture.

Ornaments

The women in Kharia society used to wear a good number of ornaments gold and silver bangles, gold and silver necklace, anklets, hairpins, wristlet etc. use of earring and silver ring in their fingers is also common. The face and arms of the women folk are sometimes covered with marks of different kinds. Which are gradually becoming unpopular these days.

Food Habits

The Kharias are by profession hunter and food gatherer and they collect minor forest products. So their staple food is mainly rice. Generally they eat three times in a day. They are taking both boiled rice and dried rice in their meal. The female are awake in the early morning and cooked the food and finished it by 7 to 8 a.m in the morning they are taking water rice (pakhal bhat) with the green sag available in their courtyard (badi) boiled with water and salt. Sometime they also often take vegetable curry with boiled rice. It is observed that during the pregnancy the pregnant women are not taking non-vegetarian food for the safety of the baby grown in the womb, but the pregnant lady are often taking small fish with their meal in the pregnancy period. It is also observed that during the death of any person of their family they need not take non-vegetarian food. They are mainly very much fond of dried fish taking in their meal as this is available in the village.

Secondly their curry changed during summer and rains green leaves and mushroom are eaten. Fish is available in summer season. In winter and summer they get banana, lemon, jackfruit, mango on ceremony and festival they eat goat, sheep and cocks meat.

When they prepare the curry they do not use the spices, onion and oil etc. Salt and rice paste are the only condition used for preparing curry. Green chilly is added generally green leaves are cut by knife than simple washed cooked.

Drinking and Smoking

The Kharia people prepare a drink of homemade rice beer (locally known as Handia) every day they handia two to three times. In ceremonies, festival and ritual works both male and female drink the handia. The beer prepared from Mahua is also a favorite

drink of the Kharia. A tablet locally known as "Ranu", which is prepared from the roots of some jungle shrubs, which help in the fermentation of the cooked rice and prepared handi. Sometimes they use local wine and foreign liquor also. The Kharia people also smoke "Bidi".

The Hill Kharia tribe people are not drinking safe water. Their drinking source is river, pond, stream but this source is not safe water and they suffer many water diseases like diarrhea, typhoid, cholera etc. So the Government takes step for the safe drinking water for Hill Kharia tribal people, so they dig the hand pump and well in this area.

Table 2.3: Source of Drinking Water of Hill Kharia Tribe

Sl. No.	Source of Drinking Water	No. of Household	Percent
1	River	00	00
2	Pond	00	00
3	Hand pump	60	90.91
4	Stream Water	06	9.09
5	P.H.D (Water connected)	00	00
6	Grand Total	66	100

Table 3 shows about 60 (90.91 percent) households depend upon hand pump for drinking water, about 6 (9.09 per cent) households depend upon stream water in study area. Highest number of households depend upon on hand pump.

Table 2.4: Family Structure of Hill Kharia Tribe

Sl. No.	Types of Family	No. of Households	Percentage
01	Nuclear Family	54	81.8
02	Extended Family	8	12.1
03	Broken Family	3	4.5
04	Matrilocal Family	1	1.5
	Grand Total	66	100

In the study area there are various types of family exist such as Nuclear family, Extended Family, Broken Family and Matrilocal Family. There are about 54 (81.82 per cent) families Nuclear, about 8 (12 per cent) families are extended, 3 (4.54 per cent) families are broken and about 1 (1.51 per cent) families are Matrilocal. This table shows highest number of Nuclear family exist in the study area and lowest number of matrilocal family exist.

Position of Women

In many regions, women are prevented from taking part in any agricultural activity. Nonetheless, they are not ill-treated. In spite of the overruling role of the husband, wives play important responsible and independent roles, particularly in the running of home, which includes child rearing. Kharia women are subjected to certain taboos and consequently, prevented from taking part in religious performance. This is not indicative of any inferior status within the family but of the superstition fear of menstruation widespread among the tribal and folk societies of the world. Kharia woman is entitled to the ownership of her personal effects like dress and articles made or acquired by her personally.

Table 2.5: House Type of Hill Kharia Tribe of Study Area

Sl. No.	House Pattern	No. of House	Percentage (%)
1	Thatched	06	9.09
2	Fero Tiled	40	60.61
3	Clay Tiled	02	3.03
4	Asbestos	08	12.12
5	Only Tile	10	15.15
Total		66	100

Table 5 shows the house type of Hill Kharia tribe. There are about 9.09 per cent people having thatched house, 60.61 per cent people use fero Tile, 3.03 per cent having clay tile house, 12.12 percent house having asbestos and finally only 10 per cent people used only tile.

Life Cycle Rituals

Birth Ceremony

Birth takes place in the house and the birth prohibition is observed for 9 days. On the last day the mother takes purificatory bath and bathes the child also. The child is given birth a name on this day. The piercing ceremony is observed when the child becomes 5 to 6 years old.

Adolescence/Maturity Ceremony

The next phase in a human beings life is adolescence or puberty. The boy is ceremonially admitted to the village dormitory once he is thought to be old enough to join the association of young un-married boys. The physical maturities of the Hill Kharia girls are generally take place in earlier part of teen age; the age of first menstruation varies from 10 to 13 years.

Marriage Ceremony

Arranged marriage is most common among Hill Kharia's Population. The Groom's father pays the bride price which includes Rs.60 in case,6 pieces of clothes ,1 mound of paddy ,2 barrels of liquor,1 goat and some other things which are required for the wedding feast. Marriage by Elopement and Capture is also prevalent. Widow re –marriage is allowed and divorce is permitted. Adult marriage is common but cases of pre-pubertal marriage in case of girls are also met with.

Table 2.6: Marital Status of Hill Kharia Tribe in the Study Area

<i>Marital Status</i>	<i>Male</i>	<i>Percentage (%)</i>	<i>Female</i>	<i>Percentage (%)</i>	<i>Total</i>	<i>Percentage (%)</i>
Married	75	56.39	69	57.02	144	56.69
Unmarried	52	39.09	50	41.32	102	40.16
Widow	4	3.01	2	1.66	6	2.37
Divorce	2	1.51	0	0	2	0.78
Total	133	100	121	100	254	100

Table 6 shows about 75 (56.39 per cent) males and 69 (57.02 per cent) females are married, 52 (39.09 per cent) males and 50 (41.32 per cent) females are unmarried ,4 (3.01 per cent) males and 2 (1.66 per cent) females are widow, about 2 (1.51 per cent) males and no females are taken divorce in Hill Kharia village. There are most of the people in the study area are married.

Death Ceremony

The Hill Kharia tribe follows the custom of burial of the dead bodies and observes ritual prohibition for a period of 20 days. Death has an evil association. For the Hill Kharia tribe, it is believed to be work of hostile spirits blocks magic, witchcraft or God and Deities. In the Hill Kharia society the peoples are sent to message all the relatives, when the members are passed away. The dead body is prepared for a stretcher for this purpose. The dead body is anointed with oil and turmeric paste. New cloth is wrapped on the dead body. The ornaments utensils of the individuals are kept near him/her. The male members of the village curry the crops and the females accompany the procession to the grave yard as well. Dead body corpse is carried to the ground and the pyre is lit, the body is placed on it with the head towards south and face upwards in fully strutted position. The bones of the deceased are collected by the sons or the close relatives and pot in a new earthen pot for purification rite at the nearby river. During the death period the Hill Kharia tribal peoples funeral feast, clothes are not cleaned with soap during death period. They don't also not apply oil on hair, turmeric for about ten days.

Table 2.7: Occupation of Hill Kharia Tribe in the Study Area

SL No.	Occupation	Male	Percentage (%)	Female	Percentage (%)	Total	Percentage (%)
01	Agriculture	4	5	0	0	4	3.04
02	Business	2	2.5	2	3.84	4	3.04
03	Govt. Jobs	0	0	1	1.92	1	0.75
04	Agricultural Labour	16	20	15	28.86	31	23.48
05	Daily Labour	58	72.5	34	65.38	92	69.69
06	Total	80	100	52	100	132	100

Table 7 shows the occupation of Hill Kharia tribe. There are about 4 (5 per cent) male and 0 per cent female depend upon on Agriculture, about 2 (2.5 per cent) male and 2 (3.84 per cent) females live on business, only 1 (1.91 per cent) female has done Government job, about 16 (20per cent) male and 15 (28.86 per cent)female act as Agricultural labour, about 58 (72.5 per cent) male and 34 (65.38 per cent) female act as daily labour. This table shows the highest number of Hill Kharia people act as daily labour in their occupation.

Table 2.8: Educational Status of Hill Kharia Tribe in the Study Area

Sl. No	Standard of Education	Male	Percentage (%)	Female	Percentage (%)	Total	Percentage (%)
1	Illiterate	54	47.37	57	48.71	111	48.05
2	Literate	18	15.79	15	12.82	33	14.29
3	Anganwadi	11	9.65	12	10.26	23	9.96
4	Primary School	22	19.29	21	17.95	43	18.62
5	Middle School	4	3.51	8	6.84	12	5.19
6	High School	3	2.64	4	3.42	7	3.03
7	+2	2	1.75	0	0	2	0.86
8		114	100	117	100	231	100

There are about 54 (47.37 per cent) male and 57 (48.71 per cent) female are illiterate in study area, 18 (15.79 per cent) male and 15n (12.82 per cent) females are literate, about 11 (9.65 per cent) male and 12 (10.26 per cent) female are going to Anganwadi,about 22 (19.29 per cent) male and 21 (17.95 per cent)female have been qualifying primary school and some are continuing this education. Similarly about 4 (3.51 per cent) male and 8 (6.84 per cent) female on the way of middle school education. There are about 3 (2.64 per cent) 4 (3.42 per cent) female going to High School, likewise about 2 (1.75 per cent) male and no female have qualified +2 exam.

Results

Adolescents are the young people aged between 10 to 19 years. It is a transitional stage of physical, physiological and psychological development from puberty to legal adulthood. Worldwide more than 1,2 billion are adolescents, this indicates that roughly one in every six persons is an adolescent. About 21 per cent of Indian population is adolescent. They are the future of the nation, forming a major demographic and economic force. They face challenges like poverty, lack of access to health care services, unsafe environment etc.

The health status of adulthood determines the health status in his/her adulthood. Many serious diseases in adulthood have their roots in adolescence. Also many adolescents do die prematurely due to various reasons that are either preventable or treatable and many more suffer from chronic ill-health and disabilities. The main health issues faced by the adolescents include-mental health problems, early pregnancy and child birth, Human Immunodeficiency Virus/sexually transmitted infection (HIV/STI) and other infectious diseases, violence, unintentional injuries, malnutrition and substance abuse. The committee on the rights of the child (crc,who) published guidelines in 2013 on the rights of children and adolescents and issued guidelines on states obligations to recognize the special health and development needs and rights of adolescents and young people. This has been further envisaged in WHO report in 2014 titled “Health for the world’s adolescents”. In India, data on adolescents from national surveys including National Family health survey 3 (NFHS-3), District level household and facility survey 3 and sample registration system call for focused attention with respect to health and social development for this age group. Govt. of India launched its first comprehensive programme for adolescents, “Rashtriya Kisore Swasthya Karyakram” during January 2014 which has sharp focus on adolescents sexual health.

Hill Kharia is one of the particular vulnerable tribal group in Odisha. This tribe, which recorded a population of 1, 44,178 in Odisha as per the 1981 census is found in large concentration in the two districts of the state namely Sundargarh and Mayurbhanj. The majority of the Hill Kharia is found in Mayurbhanj district particularly in and around the Similipal hills of the district.

Table 3.1: Showing No. of Adolescent Girls in Study Area

<i>Age Group</i>	<i>Adolescent Girls</i>	<i>Percentage</i>
10-14	16	53.33%
15-19	14	46.66%
TOTAL	30	100%

This table shows the highest no. of girls were under 10-14 age group that is 16 in number (53.33%)

Table 3.2: Showing Marriage Age of Adolescent Girls in Study Area

Sl. No.	Age at Marriage	Adolescent Girls	Percentage
1	10-14	05	16%
2	15-19	15	50%

Table 3 shows about 16% girls married at the age of 10-14 and 50% girls married at the age of 15-19.

Due to early phase of marriage the Reproductive health of Hill Kharia girls are affected. For example early pregnancy, loss of blood due to miscarriage, incapability for breast feeding etc.

Table 3.3: Showing Age at Menarche of Adolescent girls in Study Area

Age Group	No. of Girls	Percentage
10-12	15	50%
13-15	10	33.33%
16-18	05	16.66%
TOTAL	30	100%

Table 4 shows about 50% girls puberty starts from age 10-12, similarly 33.33% girls puberty starts from 13-15 and likewise 16.66% girls from age 16-18. This table shows the variation of age of puberty also affect Reproductive Health. And early age at menarche may be an important factor affecting the sexual and Reproductive Health. Early pubertal development may contribute to the increased vulnerability of girls to negative sexual and reproductive Outcomes .

Belief Practices of Adolescent girls in Study Area

The local name of Puberty in Hill Kharia tribe is ***Lugar heu or Masikia***. They accept that it is a good sign if a girl matured on the days such as Sunday, Friday, Monday and Wednesday. And also considers it is a bad sign if girls matured on the days such as Thursday, Tuesday and Saturday. When a girl matured first, she is taken near the river with a lady priest who worships there by keeping rice on the ground and over that rice an egg is kept. Then there is also sacrificing the blood of girl in river by cutting the little finger of the girl with the help of pin and they believe that it helps for safe marriage life

of the girl. This ritual is called *Katana*. The old clothes wear by the matured girl throw away in the river and the girl wear new clothes. If there is a disturbance in married life it is believed that there is not properly done the *katana* ritual, so again this ritual taking place by sacrificing the blood of hen to soil.

Restrictions at the Time of Pollution Period

Hill Kharia people called the Adolescent girls by the name, such as *Nini, Tukuli* or *Dhangudi*. There are some restrictions that the Adolescent girls obey at the time of maturation such as the young girls and women are not entering the puja room, not entering into the kitchen, not looking to mirror and not attending guests during menstruation. In the Study Area, Adolescent Girls consider menstruation such as a sin or curse from God. Some strict dietary restrictions are also followed during menstruation such as sour food like curd, tamarind and pickles are usually avoided by menstruating girls. Menstruating girls and women are Restricted from offering prayers and touching holy books

Another Restriction, which is jungle Restriction that Adolescent girls of Hill Kharia tribe never go to jungle at the time of auspicious puja Rakshya Bandhan. Because once upon a time, some girls went to jungle and saw two eggs lie on land, Then they eat the eggs after that they converted into snake..And that day was the day of Rakshya Purnima. So, since that time nobody go to the jungle. The restrictions of Hill Kharia girls obey at the time of pollution period and the variation of their number in accepting the restrictions is organized by the following table.

Table 3.4: Showing Types of Restrictions of Hill Kharia Girls

<i>Restrictions Observed during Menstruation</i>	<i>Number</i>	<i>Percentage (%)</i>
Restricting Sour Food	4	13.33%
Not Visiting Temple	9	30%
Not plucking Flowers	5	16.66%
Not Cooking	6	20%
Not Attending School	3	10%
Not going to Jungle	3	10%
Total	30	100%

This table shows maximum restriction on not visiting temple that is 30% in Menstruation and lowest Restriction on not going to school and not going to jungle that is 10%.

Table 3.5: Showing use of Absorbent of the Adolescent Girls of Study Area

<i>Absorbent Used During Menstration</i>	<i>Number</i>	<i>Percentage (%)</i>
Only Cloth	9	30%
Only Sanitary Napkin	12	40%
Both Cloth and Sanitary Napkin	9	30%
Total	30	100%

Table 6 shows highest number of sanitary napkin users that is 40% in study Area. And rests were cloth user that are 9% and both cloth and napkin users that are 9%.

Scheme Implimented by Government of India for Adolescents

There are a lot of schemes ,programmes implemented by state as well as central Government for adolescents.Amongst them some are given below which aim for developing health status of adolescent girls and these programmes are perfectly working in study area.

- Rashtriya Kishor Swasthya Karyakram Programme (RKSK)
- Scheme for promotion of Menstrual Hygiene among Adolescent girls
- Accredited Social Health Activist (ASHA)
- Anganwadi
- School and College Scholarship for students
- Facilities of Residential School

Conclusion

The Hill Kharia Adolescent girls were observed to be ill Reproductive Health and under nutrition stress. The findings of the study unfold the Belief Practices and Restrictions associated with menstrual Cycle and the changes that come in their life after menarche.. Menstruation is nothing but a very normal biological phenomenon and adolescent girls should understand that they have the power of procreation only because of this virtue. The adolescents adolescents should not be curbed by the taboos regarding menstruation, rather they should be prepared for their greater responsibilities.

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